

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/524589**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		2		1		
14		2		1		
15		2		1		
16		1		1		
17		2		1		
18		2		1		
19		2		1		
20		2		1		
21		2		1		
22		2		1		
23		2		1		
24		2		1		
25		2		1		
26		1		1		
27	1		1			
28		1		1		
29	1		1			
30		8		1		
31		1		1		
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	42	←	34	←		←
TOTAL CLAIMS	45		37			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

DC